

TFW
2116

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	09/675,977
		Filing Date	September 29, 2000
		First Named Inventor	Frank P. Hart
		Art Unit	2116
		Examiner Name	Du, Thuan N.
Total Number of Pages in This Submission	13	Attorney Docket Number	42390P9730

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<div>- Return postcard; - Certificate of First Class Mail</div>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Basic Filing Fee		
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Aslam A. Jaffery, Reg. No. 51,841 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	12-14-05

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.			
Typed or printed name	Krista Matheson		
Signature		Date	



FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Complete if Known

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Filing Date	September 29, 2000
First Named Inventor	Frank P. Hart
Examiner Name	Du, Thuan N.
Art Unit	2116
Attorney Docket No.	42390P9730

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. ☒ Credit any overpayments

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
18	30* = 0	50.00	\$0.00
Independent Claims	5	7* = 0	200.00
Multiple Dependent			\$0.00

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (1) (\$) 0.00

*or number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
2053	130	2053	130	Non-English specification	
1251	120	2251	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1460	130	2460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	

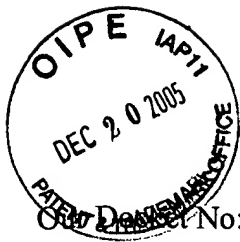
Other fee (specify) _____

SUBTOTAL (2) (\$) _____

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Aslam A. Jaffery	Registration No. (Attorney/Agent)	51,841	Telephone	(303) 740-1980
Signature				Date	12-14-05



Patent No: 42390P9730

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Hart, et al.) Examiner: Du, Thuan N.
Application No: 09/675,977) Art Unit: 2116
Filed: September 29, 2000)
For: METHOD AND APPARATUS FOR)
BOOTING THE OPERATING)
ENVIRONMENT OF AN AUTONOMOUS)
SUBSYSTEM IN A COMPUTER BASED)
SYSTEM WITHOUT INVOLVEMENT)
OF THE MAIN OPERATING SYSTEM)

RESPONSE TO OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed September 19, 2005, Applicants respectfully request the Examiner to enter the following amendments and to consider the following remarks.

FIRST CLASS CERTIFICATE OF MAILING

I hereby certify that I am causing the above-referenced correspondence to be deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and that this paper or fee has been addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date of Deposit: _____

Name of Person Mailing Correspondence: Krista Mathieson

Krista Mathieson
Signature

Date